Health Regulation AdministrationFORM APPROVED STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION PROVIDER/SUPPLIER/CLIAI COMPLETED A BUILDING **DENTIFICATION NUMBER:** B WING 04/22/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BERHAN HOME HEALTH CARE AGENCY 7825 EASTERN AVENUE, NW, SUITE L1-16 **WASHINGTON, DC 20012** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES 1D (X5) COMPLETE PROVIDERS PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) H 000 H 000 **INITIAL COMMENTS** On March 29, 2010, during a monitoring visit at another Health Care Agency, Surveyors GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH interviewed a patient who revealed that his **HEALTH REGULATION ADMINISTRATION** Personal care Aide (PCA)/ Home Health Aide **825 NORTH CAPITOL ST. N.E., 2ND FLOOR** (HHA) was providing services beyond his/her WASHINGTON, D.C. 20002 scope of practice. Interview with the PCA/HHA revealed that he/she had been employed by Berhan Home Health. Based on this finding, an investigation was initiated to determine if Berhan Home Health was providing appropriate nursing services to Pateint #1. 3900.7 GENERAL PROVISIONS 06/03/10 H<sub>013</sub> 3900.7 GENERAL PROVISIONS H<sub>013</sub> Each home care agency shall post its license in a The deficiency was corrected prior to conspicuous place within the District of Columbia completion of the survey and the license operating office. was posted in a conspicuous place. Berhan Home Health Care Agency will ensure that the agency's license remains posted in a This Statute is not met as evidenced by: Based on an observation and interview, it was conspicuous place within the operating revealed that the agency failed to post it's license office. in a conspicuous place in it's operating office. The CEO will monitor this activity daily to The finding includes: ensure consistent compliance with this statute. An observation on March 29, 2010, at approximately 9:30 a.m., revealed that the agency's license was not posted in a conspicuous No clients were affected by the place within the operating office. deficient practice. A face to face interview with the Director of Nursing on March 29, 2010, at approximately 9:35 a.m., confirmed finding. However, after being made aware of the above listed regulation, the CEO posted the agency's

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(X6) DATE

PRINTED: 06/03/2010 Health Regulation AdministrationFORMAPPROVED STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA X2MULTPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED. **IDENTIFICATION NUMBER:** A BUILDING. B WING HCA-0022 04/22/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7825 EASTERN AVENUE, NW, SUITE L1-16 BERHAN HOME HEALTH CARE AGENCY WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) H<sub>013</sub> H<sub>013</sub> Continued From page 1 3904.1 DIRECTOR license in a conspicuous location that could be visisble by the public at approximately 10:00 The Governing Body shall recruit and 08/09/10 a.m., on March 29, 2010. appoint a Director who shall be responsible H 070 for managing and directing the agency's H 070 3904.1 DIRECTOR operations, serving as liaison between the governing body and staff, employing The governing body shall appoint a Director who shall be responsible for managing and directing qualified personnel, and ensuring that staff the agency's operations, serving as liaison members are adequately and appropriately between the governing [\*2880] body and staff, trained. The Director shall: employing qualified personnel, and ensuring that 1. Direct the daily operations of the staff members are adequately and appropriately agency in compliance with the trained. agency's policies and procedures and state and federal regulations. This Statute is not met as evidenced by: 2. Review job descriptions with staff Based on interview, observations and record and ensure that staff function review, the agency's Director failed to manage within the scope of their job and direct the agency's operation and failed to descriptions. ensure that one of one staff member was adequately and appropriately trained. (Employee 3. Review infection control measures #1 (HHA) with the staff. 4. Inservice /train staff on the The finding includes: conditions of participation governing the Plan of Care and On March 19, 2010, at approximately 9:30 a.m., during a face to face interview, Patient #1 stated ensuring compliance with the plan "she (HHA -employee #1)gives me my pills and of care and other conditions of my insulin shots, takes care of my dressings participation governing home care. because I'm blind and I can't do it. She also 5. Ensures that staff is adequately and cooks for me, takes me to the doctors and does

my shopping."

On March 19, 2010, at approximately 9:50 a.m.,

face to face interview with Employee #1 revealed

that she administers medications, performs

dressing changes, and administers insulin

injections for Patient #1. She admitted she performed the aforementioned services because

Patient #1 is blind and needs assistance with

appropriately trained.

provision of services.

6. At least on a quarterly basis

perform assessment and

evaluation of the documentation

submitted by the staff, as well as

the staff's performance in the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2)MULTIPLE CONSTRUCTION A BULDING\_

(X3) DATE SURVEY COMPLETED

HCA-0022

B WING

04/22/2010

# NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## **BERHAN HOME HEALTH CARE AGENCY**

7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012

(X4) ID SUMMARY STATEMENT OF DEFICIENCY PREFIX (EACH DEFICIENCY MUST BE PRECEDED TAG: BECUI ATORY OF LIST INTERVINO INFO	CIES ID		
TAG REGULATORY OR LSC IDENTIFYING INFOR	BY FULL PREFIX	PROVIDER'S PLAN DF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 070 Continued From page 2	H 070		
using his hands.		3904.1 DIRECTOR (Continued)	
Observations conducted on March 19, approximately 10:20 a.m., evidenced empinadequately performing dressing charstage 3 wound to Patient #1's left index Employee #1 failed to maintain infection while performing wound care. She was adoing the following task list below:  - She did not wash her hands before doing gloves to perform wound care.  - After she removed previous dressing, not was her hands or change her glow.  - She cleansed wound with opened ur Saline. She admitted that the patient has saline for approximately 10 months.  - While applying Mupirocin ointment wound, she touched the wound with the tube.  During further observation, Employee ademonstrated how she administers Patie insulin in his deltoid muscle, which is not prescribed by the physician.  Further observation revealed Patient #1 approximately 16 filled insulin syringes in mug in the refrigerator. During the face interview with Employee #1, she admitt nurse from another agency filled the sy Review of Patient #1's clinical record 29, 2010, at approximately 10:00 a.m., redocumented entitled, "Medication Profit undated, that indicated that the patient prescribed lantus insulin 30 units to be	ployee #1 nge for a x finger. on control observed  she did es. dated s had the  to the tip of the  #1 ent #1's the site  1 had n a coffee e to face ed that a vringes. on March evealed a le" was	7. Interviews, screens, and employs qualified personnel. 8. Ensures accuracy of public information and materials 9. Ensures quality and safe delivery of services and compliance with organizational policies and procedures and State and federal rules and regulations. 10. Reports to the Board of Directors on all functions of the organization, and maintains on file minutes of all meetings.  The Director reviews reports of the Quality Assurance Committee on a quarterly basis to provides for review of services and staff and the process followed in the provision of services; and provides feedback to staff regarding their performance and client outcomes.  The director will be disciplined if he/she fails to perform with the requirements of the position description.  BHHCA recognizes that any identified deficient practice may potentially affect other clients. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.	

PRINTED: 06/03/2010 Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (XZ) MUJTRE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A BUILDING **B WING** 04/22/2010 HCA-0022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **BERHAN HOME HEALTH CARE AGENCY** 7825 EASTERN AVENUE, NW, SUITE L1-16 **WASHINGTON, DC 20012** SUMMARY STATEMENT OF DEFICIENCIES ΪĎ PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** COMPLETE (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) H 070 H 070 Continued From page 3 3907.2(c) PERSONNEL 08/09/10 subcutaneously daily at bedtime. Further review of the record revealed the Plan of Care (POC) All staff were contacted regarding from January 19, 2010 through March 19, 2010, the identified deficiencies. All staff in which the doctor order for a skilled nurse will be oriented by the Clinical (RN/LPN) to cleanse right lateral thigh ulcer with Manager/Director of Nursing prior with normal saline, apply silvadene cream, and cover with 4 x 4 daily until resolved. The POC to assignment on any cases. also had a diagnosis of Blindness in both eyes for Attachment #2 (a)(b)(e) Patient #1. The Clinical Manager/Director of On March 29, 2010, at 10:41 p.m., review of Nursing will review all personnel Employee #1's personnel record revealed, that files of all staff to ensure that staff the employee was a certified Home Health Aide (HHA). There was no documented evidence in submits all required credentials. the record that Employee #1 was adequately and receive an orientation as per appropriately trained to administer medications. policy, and the completed administer insulin injections, and perform wound orientation checklist is care. incorporated into the staff's H 147 H 147 personnel file. Staff will be 3907.2(c) PERSONNEL notified of the findings and if deficient, will be requested to Each home care agency shall maintain accurate personnel records, which shall include the correct/submit the deficient following information: documents. Staff who fail to correct the deficiency will be (c) Resume of education, training certificates, suspended until the required skills checklist, and prior employment, and documents are corrected. evidence of attendance at orientation and in-service training, workshops or seminars; Berhan Home Health Care Agency

This Statute is not met as evidenced by:

Based on record review and interview, the agency

failed to maintain accurate personnel records,

which included documentation of resume of education and evidence of attendance at

orientation for two of five employees in the

sample. (Registered Nurse #4 and #5)

The findings include:

recognizes that any identified

affect other clients. The

rendered.

deficient practice may potentially

corrective action to all identified

deficiencies will be applied across

to improve the quality of services

the board to all clients and/or staff

Health F	Regulation Administr	rationFORM APPROVE	ED			00/03/	2010
STATEMENT AND PLAN	EMENT OF DEFICIENCIES PLAN OF CORRECTION  PROVIDER/SUPPLIER/CLIAI DENTIFICATION NUMBER:		R/CLIAI	(X2)MULTIPL A BUILDIN B. WIN (	VG	сом	TE SURVEY IPLETED
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	HOME HEALTH CAF	RE AGENCY	7825 EAS		NUE, NW, SUITE L1-16		
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H 147	Continued From pa	IND A		H 147			<del>                                     </del>
	1. On March 29, 2010, at 11:38 a.m., review of Registered Nurse (RN) #3's personnel file revealed no documentation of resume of education and evidence of attendance at orientation in the personnel record. Interview with the Director of Nursing (DON) on the same day at approximately 1:30 p.m., acknowledged RN #3 did not have documentation of resume of education and evidence of attendance at orientation.  2. On March 29, 2010, at 11:55 a.m., review of Registered Nurse (RN) #4's personnel file revealed no documentation of resume of education and evidence of attendance at orientation in the personnel record. Interview with		3911.2(e) CLINICAL RECORDS  All staff were contacted regate the identified deficiencies and requested to correct/submit referenced deficient documents.  All staff will be inserviced by Clinical Manager/Director of Nursing on the need to composite personnel file on of resume of attendance at treatment regimen and to place.		garding and were it the nents.  by the nely to langed place	08/19/10	
	the DON on the samp.m., acknowledge documentation of revidence of attenda 3911.2(e) CLINICAL Each clinical record sinformation related to (e) Physician's orde This Statute is not in Based on interviews observation, the age	ne day at approximate led RN #4 did not have led RN #4 did not have lesume of education at large at orientation.  L RECORDS shall include the follow to the patient:  ers;  met as evidenced by: s, record reviews and lency failed to ensure to one of one patients were lest as evidence to ensure to one of one patients were lest as evidence to ensure to one of one patients were lest as evidence to ensure the lency failed to ens	eiy 1:31 ve and  ving	H 265	The Clinical Manager/Direct Nursing will review all documentation on a quarter basis to determine compliar with this statute. Staff who correct the deficiency will be suspended until the require documents are submitted.  Berhan Home Health Care A recognizes that any identified deficient practice may poter affect other clients. The corrective action to all ident deficiencies will be applied at the board to all clients and/to improve the quality of se rendered.	rly nce fail to e d Agency ed ntially tified across	
	On March 19, 2010,	at approximately 11:	:00 a.m.,		renaerea.		i

PRINTED: 06/03/2010 Health Regulation Administration STATEMENT OF DEFICIENCIES (X2)MULTPLE (X3) DATE SURVEY CONSTRUCTION AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: A BUILDING. B. WING HCA-0022 04/22/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7825 EASTERN AVENUE, NW. SUITE L1-16 **BERHAN HOME HEALTH CARE AGENCY WASHINGTON, DC 20012** SUMMARY STATEMENT OF DEFICIENCIES ln PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) H 265 Continued From page 5 H 265 3911.2(h) CLINICAL RECORDS 08/09/10 observation of Patient #1's home revealed an ointment named "Mupirocin". All staff were contacted regarding the identified deficiencies and were During a face to face interview with patient #1 on March 19, 2010, at approximately 11:10 a.m., it requested to correct/submit the was revealed that the "Mupirocin" ointment was referenced deficient documents. ordered by his physician on March 18, 2010, to be used on his left index finger wound. All staff will be inserviced by the Clinical Manager/Director of On March 29, 2010, at approximately 12:30 a.m., Nursing on the need to ensure that of Patient #1 record revealed a nursing note date March 19, 2010, in which the nurse documented ' all clinical, progress and summary Altered skin integrity related to bed ulcer on left

finger". The nurse indicated that he had cleansed the left finger wound with normal saline, patted it dry, applied silvadene ointment, and covered the wound with a 4X4.

Further review of the record revealed there was no documented evidence of a physician order for the Mupirocin ointment or the aforementioned wound care to the left finger that the nurse provided on March 19, 2010.

3911.2(h) CLINICAL RECORDS

Each clinical record shall include the following information related to the patient:

(h) Clinical, progress, and summary notes, and activity records, signed and dated as appropriate by professional and direct care staff:

This Statute is not met as evidenced by: Based on a record review, the agency failed to ensure that the clinical, progress and summary notes in the clinical record for one of one patient were signed and dated by professional staff. (Patient #1)

notes are signed and dated by the appropriate involved discipline.

The Clinical Manager/Director of Nursing will review all documentation on a quarterly basis to determine compliance with this statute. Staff who fall to correct the deficiency will be suspended until the required documents are submitted and/or corrected.

Berhan Home Health Care Agency recognizes that any identified deficient practice may potentially affect other clients. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.

Health Regulation Administration STATE FORM

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If continuation sheet 6 of 21

Health Regulation Administration FORM APPROVED (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED (XZ)MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING 04/22/2010 B. WING HCA-0022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **BERHAN HOME HEALTH CARE AGENCY** 7825 EASTERN AVENUE, NW, SUITE L1-16 **WASHINGTON, DC 20012** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDERS PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) H 268 H 268 Continued From page 6 3913.3 COMPLAINT PROCESS 08/09/10 The finding includes: The policy governing the Complaint Process was On March 29, 2010, at approximately 11:30 a.m., amended and implemented review of Patient #1's record revealed a land is Included as document entitled "General Assessment Attachment #8. The (Non-Oasis) dated September 23, 2009. The telephone number of the document failed to evidence a nurse's signature. Further review of Patient #1's record revealed Home Health Hotline several other documents which were entitled maintained by the "Visit Assessment" dated from September 29, Department of Health has 2009, through March 12, 2010, that also failed to been posted in a conspicuous have a nurse's signatures. area in the agency's During a face to face interview with the Director operating office. of Nursing on March 29, 2010, at approximately 12:00 p.m., it was revealed that the The CEO will monitor this activity aforementioned documents were RN monthly daily to ensure consistent assessments which were stored on their compliance with this statute. computer system. There was no documented evidenced that the Berhan Home Health Care Agency aforementioned assessments were signed and recognizes that any identified dated by a RN. deficient practice may potentially H 333 3913.3 COMPLAINT PROCESS affect other clients. The H 333 corrective action to all identified The telephone number of the Home Health deficiencies will be applied across Hotline maintained by the Department of Health the board to all clients and/or staff shall be posted in the home care agency's operating office in a place where it is visible to all to improve the quality of services staff and visitors. rendered. This Statute is not met as evidenced by: Based on an observation and interview, the home care agency failed to post the telephone number of the Home Health Hotline maintained by the Department of Health (DOH) in the agency's operating office in a place visible to staff and visitors.

Health Regu ation Administration STATE FORM

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If continuation sheet 7 of 21

Health Regulation Administration

STATEMENT OF DEFICIENCIES (X1) (X3) DATE SURVEY CONSTRUCTION (X2) MULTIPLE AND PLAN OF CORRECTION PROVIDER/SUPPLIER/CLIAI COMPLETED A BUILDING **DENTIFICATION NUMBER:** B WING 04/22/2010 0000 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BERHAN HOME HEALTH CARE AGENCY 7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (X5) PROVIDER'S PLAN OF CORRECTION PREFIX COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) H 333 H 333 Continued From page 7 3914.3(d) PATIENT PLAN OF CARE 08/09/10 The finding includes: All staff were contacted regarding the identified deficiencies and were During observation at the home health agency on requested to correct/submit the March 29, 2010, at approximately 9:30 am., it referenced deficient documents. was observed that the telephone number of the Home Health Hotline maintained by the Department of Health (DOH) was not posted in All staff will be inserviced by the the operating office in a place visible to staff and Clinical Manager/Director of visitors. Nursing on the need to ensure that all orders for home health aide or During a face to face interview with the Director personal care aide visits include of Nursing on March 29, 2010, at approximately 9:30 am., it was adknowledged that the telephone the amount, frequency and number of the Home Health Hotline maintained expected duration of the visit. by the DOH was not posted in the agency's operating office in a place visible to staff and The Clinical Manager/Director of visitors. Nursing will review all An observation on March 29, 2010, at 10:15 a.m., documentation on a quarterly revealed that the agency had posted the Home basis to determine compliance Health Hotline maintained by the Department of with this statute. Staff who fail to Health (DOH) in it's operating office visible to correct the deficiency will be staff and visitors. suspended until the required H 355 H 355 3914.3(d) PATIENT PLAN OF CARE documents are corrected. The plan of care shall include the following: Berhan Home Health Care Agency (d) A description of the services to be provided, recognizes that any identified including: the frequency, amount, and expected deficient practice may potentially duration; dietary requirements; medication affect other clients. The administration, including dosage; equipment; and corrective action to all identified supplies: deficiencies will be applied across the board to all clients and/or staff to improve the quality of services This Statute is not met as evidenced by: rendered. Based on record review, it was determined that the agency failed to document the expected

Health Regulation AdministrationFORM APPROVED STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE **CDNSTRUCTION** AND PLAN OF CORRECTION PROVIDER/SUPPLIER/CLIAI COMPLETED DENTIFICATION NUMBER: A BUILDING. B WING 04/22/2010 HCA DOSS NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BERHAN HOME HEALTH CARE AGENCY 7825 EASTERN AVENUE, NW, SUITE L1-16 **WASHINGTON, DC 20012** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID (X5) PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** COMPLETE (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) H 355 H 355 Continued From page 8 3914.3(g) PATIENT PLAN OF CARE 08/09/10 duration of services for one of one patient in the sample. (Patient #1) All staff were contacted regarding the identified deficiencies and were The finding includes: requested to correct/submit the A record review on March 29, 2010, at referenced deficient documents. approximately 10:30 a.m., revealed a Plan of Care with certification period September 23. All staff will be inserviced by the 2009, through March 21, 2010, in which the Clinical Manager/Director of physician ordered HHA/PCA Monday thru Friday Nursing on the need to comply for eight (8) hours a day. with completion of a physical There was no documented evidence of the assessment to address: expected duration of HHA/PCA services to be Physical assessment provided. 2. Pertinent diagnoses H 358 3. Ensuring that medications H 358 3914.3(g) PATIENT PLAN OF CARE are consistent with diagnoses. The plan of care shall include the following: (g) Physical assessment, including all pertinent The Clinical Manager/Director of diagnoses; Nursing will review the clinical records on a monthly basis to ensure compliance with the This Statute is not met as evidenced by: conditions of participation Based on observation, interview, and record review, it was determined that the agency failed governing the plan of care to include all pertinent diagnoses on the Plan of Care for one (1) of one patient in the sample. Staff will be notified of the findings (Patient #1) and requested to correct/submit the deficient documents. Staff The finding includes: who fail to correct the deficiency On March 19, 2009, at approximately 10:35 a.m., will be suspended until the an observation revealed Patient #1 had a left required documents are submitted knee amputation, a right below the knee amputation, and bilateral hand deformity. Interview with Patient #1 on March 19, 2010, at approximately 10:45 a.m., revealed the deformity

Health Regulation Administration STATE FORM

PRINTED: 06/03/2010 Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  PROVIDER/SUPPLIER/CLIAI DENTIFICATION NUMBER:			(X2)MULTIFLE A BUILDING B. WING		ĊОМ	TE SURVEY PLETED  2/2010	
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BERHAN	HOME HEALTH CAR	RE AGENCY	7825 EASTE WASHINGT		UE, NW, SUITE L1-16 0012		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCI Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
H 358	Continued From page	ae 9		H 358			
	of his hands was re	~			3914.3(g) PATIENT PLAN OF (Continued)	CARE	08/09/10
	Review of the Patient #1's record on March 29, 2010, at approximately 10:30 a.m., revealed the following documents:		aled the		Berhan Home Health Care a recognizes that any identifi deficient practice may pote	ed	
	a. A Plan of Care (F 2009, through March the following diagno		o include		affect other clients. The corrective action to all iden deficiencies will be applied		
	<ul> <li>Left above the knee amputation</li> <li>Bilateral hand deformity secondary to arthritis</li> <li>There was no documented evidence of the aforementioned diagnosis on the above listed POC.</li> <li>b. A Plan of Care (POC) dated January 19, 2010, through March 19, 2010, failed to include the following diagnosis:</li> </ul>		arthritis		the board to all clients and, to improve the quality of se rendered.	or staff/	
					rendered.		
	- The right below the - Left above the kne - Bilateral hand defo		arthritis				
	There was no documented evidence of the aforementioned diagnosis on the above listed POC.						
1 363	3914.3(1) PATIENT PLAN OF CARE  The plan of care shall include the following:  (I) Identification of employees in charge of managing emergency situations;		Н	363			
			ing:				
		met as evidenced by view, it was determin					

agency failed to include identification of

STATEMENT OF DEFICIENCIES (XZ)MUJIRJE AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING HCA-0022 04/22/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **BERHAN HOME HEALTH CARE AGENCY** 7825 EASTERN AVENUE, NW, SUITE L1-16 **WASHINGTON, DC 20012** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION PRETAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE H 363 H 363 3914.3(1) PATIENT PLAN OF CARE Continued From page 10 08/09/10 employees in charge of managing emergency All staff were contacted regarding situations the identified deficiencies and were for one of one patient in the sample. (Patient #1) requested to correct/submit the referenced deficient documents. The findings include: 1. On March 29, 2010, at approximately 10:30 All staff will be inserviced by the a.m., review of Patient #1's record revealed a Clinical Manager/Director of Plan of Care (POC) dated September 23, 2009. Nursing on the need to comply through March 21, 2010 failed to include the with the conditions of participation identification of employees in charge of managing governing the plan of care to emergency situations. address identification of employees There was no documented evidence of in charge of managing emergency identification of employees in charge of managing situations. Attachment #9. emergency situations on the aforementioned POC. The Clinical Manager/Director of Nursing will review the clinical 2. On March 29, 2010, at approximately 10:30 a.m., review of Patient #1's record revealed that records on a monthly basis to the Plan of Care (POC) dated January 19, 2010. ensure compliance with this through March 19, 2010 failed to include the statute. Staff will be notified of identification of employees in charge of managing the findings and requested to emergency situations. correct/submit the deficient documents. Staff who fail to There was no documented evidence of identification of employees in charge of managing correct the deficiency will be emergency situations on the aforementioned suspended until the required POC. documents are submitted. H 364 H 364 3914.3(m) PATIENT PLAN OF CARE BHHCA recognizes that any identified deficient practice may The plan of care shall include the following: potentially affect other clients. The corrective action to all (m) Emergency protocols; and... identified deficiencies will be applied across the board to all This Statute is not met as evidenced by: clients and/or staff to improve the Based on record review, the Home Care Agency quality of services rendered. (HCA) failed to ensure the plan of care (POC)

Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (XZ)MUJTPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A BUILDING B WING 04/22/2010 HCA-0022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7825 EASTERN AVENUE, NW. SUITE L1-16 BERHAN HOME HEALTH CARE AGENCY WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES חו PROVIDERS PLAN OF CORRECTION COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) H 364 H 364 Continued From page 11 included emergency protocols for one of one 3914.3(m) PATIENT PLAN OF CARE 08/09/10 patient in the sample. (Patient #1) All staff were contacted regarding The findings include: the identified deficiencles and were 1. On March 29, 2010, at approximately 10:30 requested to correct/submit the a.m., review of Patient #1's record revealed that referenced deficient documents. the Plan of Care (POC) dated September 23, 2009 through March 21, 2010 failed to include an All staff will be inserviced by the emergency protocol. Clinical Manager/Director of Nursing on the need comply with There was no documented evidence of the emergency protocol on the aforementioned POC. the conditions of participation governing the plan of care as it 2. On March 29, 2010, at approximately 10:30 relates to emergency protocols. a.m., review of Patient #1's record revealed that Attachment #9 the Plan of Care (POC) dated January 19, 2010 through March 19, 2010 failed to include the emergency protocol. The Clinical Manager/Director of Nursing will review all There was no documented evidence of the documentation on a quarterly emergency protocol on the aforementioned POC. basis to determine compliance with this statute. Staff who fail to H 366 H 366 3914.4 PATIENT PLAN OF CARE correct the deficiency will be suspended until the required Each plan of care shall be approved and signed documents are submitted. by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be Berhan Home Health Care Agency approved and signed by an advanced practice recognizes that any identified registered nurse. If a plan of care is initiated or deficient practice may potentially revised by a telephone order, the telephone order affect other clients. The shall be immediately reduced to writing, and it corrective action to all identified shall be signed by the physician within thirty (30) deficiencies will be applied across days. the board to all clients and/or staff to improve the quality of services

This Statute is not met as evidenced by:

Based on record review, the agency's Plan of Care (POC) was not approved and signed by a

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rendered.

**Health Regulation Administration** 

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) CONSTRUCTION (X2) MILTIPLE COMPLETED AND PLAN OF CORRECTION PROVIDER/SUPPLIER/CLIAI A BUILDING. **DENTIFICATION NUMBER:** B. WING 04/22/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7825 EASTERN AVENUE, NW, SUITE L1-16 **BERHAN HOME HEALTH CARE AGENCY** WASHINGTON, DC 20012 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) H 366 H 366 Continued From page 12 3914.4 PATIENT PLAN OF CARE 08/09/10 physician within thirty (30) days of the start of All staff will be inserviced by the care for one of one patient in the sample. Clinical Manager/Director of (Patients #1) Nursing on the need to comply The findings include: with physician's orders and to obtain signed physician orders 1. On March 29, 2010, at approximately 10:00 within thirty (30) days of the start p.m., review of Patient #1's record, revealed a of care or date of prescription of a POC dated September 23, 2009, through March verbal order. A tickler file system 21, 2010, which had been signed by a physician on March 2, 2010. will be implemented to track receipt of signed physician orders. There was no documented evidence the POC was approved and signed by a physician within The Clinical Manager/Director of thirty (30) days of the start of care. Nursing will review all documentation on a quarterly 2. On March 29, 2010, at approximately 10:00 a.m., review of Patient #1's record, revealed a basis to determine compliance POC dated January 19, 2010, through March 19, with this statute. Staff will be 2010, which had been signed by a physician on notified of the findings and March 2, 2010. requested to correct/submit the deficient documents. Staff who There was no documented evidence the POC fail to correct the deficiency will be was approved and signed by a physician within thirty (30) days of the start of care. suspended until the required documents are submitted and/or H 435 H 435 3916.3 SKILLED SERVICES GENERALLY corrected. Skilled services shall be provided in accordance Berhan Home Health Care Agency with a plan of care, as outlined in section 3914. recognizes that any identified deficient practice may potentially affect other clients. The corrective action to all identified This Statute is not met as evidenced by: deficiencies will be applied across Based on a record review and interview, it was the board to all clients and/or staff determined that the agency's staff failed to provide services in accordance with the plan of to improve the quality of services care for one of one patient's. (Patient #1) rendered.

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PRINTED: 06/03/2010 Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION (X1) CDMPLETED (X2) MULTIPLE CONSTRUCTION PROVIDER/SUPPLIER/CLIAIDE A BUILDING. NTIFICATION NUMBER: 04/22/2010 B. WING HCA 0022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7825 EASTERN AVENUE, NW, SUITE L1-16 **BERHAN HOME HEALTH CARE AGENCY** WASHINGTON, DC 20012 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) H 435 H 435 3916.3 SKILLED SERVICES GENERALLY 08/09/10 Continued From page 13 The finding includes: All staff will be inserviced by the Clinical Manager/Director of 1. During a face to face interview with Patient #1 Nursing on the need to provide on March 19, 2010, at approximately 9: 30 a.m., services in accordance with the he indicated that he receives HHA services eight plan of care and as specified for hours a day seven days a week since he started receiving services in March 2009. treatments and services in the amount, frequency and duration as During a face to face interview with employee #1 ordered. All documentation must (HHA) on March 19, 2010, at approximately 9:50 be on the authorized agency's a.m., it was revealed that she had provided letterhead. The focus of the services to Patient #1 eight (8) hours a day seven (7) days a inservice will address: week since March 2009. 1. Pertinent diagnoses On March 29, 2010, at approximately 11:00 a.m., Description of types review of Patient #1's record revealed a Plan Of (disciplines) of services to Care (POC) dated September 23, 2010, through March 21, 2010, revealed that Home Health Aide be provided (HHA)/ Personal Care Aide (PCA) services were 3. Frequency of visits including ordered by the physician to provide services to the amount and expected Patient #1 (8 hours a day Monday through Friday) duration to assist client with personal care, Activity of Daily 4. Treatments and specific Living (ADL), Instrumental Activities of Daily services to be provided Living (IADL), accompany patient to primary a. Wound management medical doctor (PMD), meal preparation, assist with medication reminders, light house keeping to b. Assessment and include bed making laundry, run errands. evaluation of system functioning. Further review of the record revealed documents c. Glucose monitoring entitled "Home Health/Home Care Aide Weekly d. Diet and hydration Visit Records", which were on two different letter e. Pain management heads. The first was from "Berhan Home Health Care Agency, Inc. and the second was from f. Immediately reducing "Alliance Home Health Care Agency Inc." physician's orders to writing whenever the

Records dated:

The Home Health/Home Care Aide Weekly Visit

September 27, 2009 through January 10, 2010,

plan of care is

initiated or revised.

Health Regulation Administration

STATEMENT OF DEFICIENCIES PROVIDER/SUPPLIER/CLIAI (X3) DATE SURVEY (XZ) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED BUILDING. 04/22/2010

NAME OF PROVIDER OR SUPPLIER

### **BERHAN HOME HEALTH CARE AGENCY**

STREET ADDRESS, CITY, STATE, ZIP CODE

7825 EASTERN AVENUE, NW. SUITE L1-16

BEKHAN		SHINGTON, DC	NUE, NW, SUITE L1-16 20012	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CRDSS-REFERENCED TD THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 435	Continued From page 14	H 435		
	. •		3916.3 SKILLED SERVICES GENERALLY	
	January 16th and 17th 2010;		(Continued)	
	January 23rd and 24th 2010;			
	January 30th and 31st 2010; February 13th and 14th, 2010;		g. Obtaining physician's	
	February 20th and 21st, 2010;		orders for all treatments	
	February 27th and 28th, 2010;	ļ		
	March 6th and 7th, 2010;		and visit schedules	
	March 13th and 14th, 2010;		h. Notifying the physician of	
	March 20th and 21st, 2010;		any problems or changes	
	March 27th and 28th, 2010 and		in the client's condition	
	April 3rd and 4th, 2010.		or if the established	
			goals are not being met.	
	On the aforementioned Home Health/Home Ca	_	i. Teaching and training	
	Aide Weekly Visit Records, the HHA indicate		activities	
	she provided services on Saturdays/Sundays	•	j. Evaluation of teaching	
	However the physician only ordered HHA		and training activities.	
,	services Monday through Friday.		5. Types of equipment and	
	During a face to face interview with the Direct	etor	supplies needed	
	of Nursing on March 29, 2010, at approximate		6. Functional limitations	
	11:30 a.m., she indicated that Patient#1 ha			
	been receiving HHA services eight (8) hours		7. Activities permitted	
	day seven (7) days a week since he stared w		8. Nutritional requirements	
	the agency on March 23, 2009. She also admit		and supplements	
	that the only physician order in the record was for		9. Medications including name,	
	services to be provided Monday through Frid	ay	dose, route, frequency,	
	and not seven days a week.		purpose, and side effects.	
	The control of the co		10.Safety measures	
	There was no documented evidence that HHA		11. Prognosis	
	provided service in accordance to the plan of care.		12. Rehabilitaion potential	
	Cale.		13. Goals	
			14. Instructions for timely	
	2. On March 29, 2010, at approximately 11:00		discharge or referral	
	a.m., review of Patient #1's Plan of Care (POC)		15. Signature and date of	
	with certification period September 23, 2009,		1	
	through March 21, 2010, revealed the following	j:	signature of the professional	
	- Oldillad massa An . data Ab	- (2)	staff who has reviewed the	
	a). Skilled nurse to visit the patient three time for one (1) week, two (2) times for four (4) we		Plan of Care.	

services five (5) times in the first week.

There was no documented evidence of a physician order for the skilled nurse to provide services three times in the second week.

3. The skilled nurse visited the patient three times during the fourth week of services

2. The skilled nurse visited the patient three times during the second week of services (January 27th, 29th, and February 1st, 2010).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2)MULTPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED

HCA-0022

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04/22/2010

## NAME OF PROVIDER OR SUPPLIER **BERHAN HOME HEALTH CARE AGENCY**

STREET ADDRESS, CITY, STATE, ZIP CODE

7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON DC 20012

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 435	Continued From page 16	H 435		<u> </u>
(	February 9th, 12th, and 15th, 2010).		3917.2(c) SKILLED NURSING SERVICES	08/09/10
# 4 5 3 3 E ti ( a a T	There was no documented evidence of a physician order for the skilled nurse to provide services three times in the fourth week.  4. The skilled nurse visited the patient two times during the eight week of services (March 12th and 15th, 2010).  There was no documented evidence of a physician order for the skilled nurse to provide services three times in the eight week.  5. The skilled nurse provide wound care on the following dates:  January 21st, 23rd, 25th and 27th 2010  February 3rd, 9th, 15th and 23rd 2010  March 1st, 8th, 15th, and 19th 2010  There was no documented evidence the skilled nurse provided wound care daily as ordered by the physician on the aforementioned plan of care.  1917.2(c) SKILLED NURSING SERVICES  Duties of the nurse shall include, at a minimum, the following:  10) Ensuring that patient needs are met in accordance with the plan of care;  This Statute is not met as evidenced by:  Based on record review and interview, the Home	H 453	All nurses were contacted regarding the identified deficiencies and were requested to correct/submit the referenced deficient documents.  All nurses will be inserviced by the Clinical Manager/Director of Nursing on the need to ensure that the client's needs are met in accordance with the plan of care. The following issues will be addressed:  1. Compliance with the visit schedule as ordered. 2. Glucose monitoring 3. Wound care management 4. Dietary regimen 5. Hydration 6. Pain management 7. Medication management 8. Safety management 9. Teaching and training activities 10.Use of teaching materials 11.Evaluation of the client's understanding of what was	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2)MULTPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

04/22/2010

HCA-0022

STREET ADDRESS, CITY, STATE, ZIP CODE

## BERHAN HOME HEALTH CARE AGENCY

7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012

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DEVIUN	HOME REALTH CARE AGENCY WASHING	GTON, DC	20012	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETI DATE
H 453	Continued From page 17 The findings include:	H 453	3917.2(c) SKILLED NURSING SERVICES (Continued)	
	1. On March 29, 2010, at approximately 11:00 a.m., review of Patient #1's Plan of Care (POC) with certification period September 23, 2009, through March 21, 2010, revealed the following: a) Skilled nurse to visit the patient three times (3) for one (1) week, two (2) times for four (4) weeks		The Clinical Manager/Director of Nursing will review all documentation on a quarterly basis to determine compliance with this statute.	
	and one (1) time for four (4) weeks to observe all systems, measure vital signs and notify PMD if BP > 160/90 or < 90/60; Blood sugar >250 < 70 mg/dl; pulse >100 <60; temperture.100.5 < 96.5 and respiration >24 <16; b) RN to instruct on blood glucose monitoring,		Staff will be notified of the findings and requested to correct/submit the deficient documents. Staff who fail to correct the deficiency will be suspended until the required documents are submitted.	
	medication, dosage, route and side effects; c) Cleanse right lateral thigh ulcer with normal saline, apply silvadene cream, cover with 4 x4 daily until resolved.		Berhan Home Health Care Agency recognizes that any identified deficient practice may potentially affect other clients. The	
	d) RN to instruct on diet and safety; and e) Assess for pain and instruct on diet, safety, hydration, and pain management accordingly. 2.Further review of the record revealed		corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services	
	Agency Nursing Clinical Note" with the following dates: January 21, 2010; January 23, 2010; January 25, 2010; January 27, 2010; January 27, 2010; February 3, 2010; February 9, 2010;		rendered.	
	February 15, 2010;			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PROVIDER/SUPPLIER/CLIAI **DENTIFICATION NUMBER:** 

(X2) MULTIPLE A. BUILDING B WING

CONSTRUCTION

(X3) DATE SURVEY COMPLETED

04/22/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

#### **BERHAN HOME HEALTH CARE AGENCY**

7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN DF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 453	Continued From page 18	H 453		
	February 23, 2010; March 1, 2010; March 8, 2010; March 15, 2010; and March 19, 2010.  On all the aforementioned documents, the nurse documented that wound care was provided for Patient #1.		3917.2(h) SKILLED NURSING SERVICES  All nurses were contacted regarding the identified deficiencies and were requested to correct/submit the referenced deficient documents.	08/09/1
	However, there was no documented evidence in the clinical record that the nurse had provided wound care daily as ordered by the physician.  During a face to face interview with the Director of Nursing (DON) on March 29, 2010 at approximately 12:30 p.m., it was revealed that the LPN was to provide wound care to Patient #1 twice a week.  3. Also noted during the record review, there was no documented evidence that the RN had instructed Patient #1 on hydration, pain management, and glucose monitoring during the certification period of January 19, 2010, through March 19, 2010 as order by the physician.  3917.2(h) SKILLED NURSING SERVICES  Duties of the nurse shall include, at a minimum, the following:  (h) Reporting changes in the patient's condition to the patient's physician;  This Statute is not met as evidenced by: Based on observation, interview and record review, the agency's skilled nurse failed to report	H 458	All nurses will be inserviced by the Clinical Manager/Director of Nursing on the duties and responsibilities of the nurse (RN and LPN) as follows:  1. The initial assessment home visit is done by the RN. 2. The nurse regularly evaluates the client's needs. 3. The RN initiates the plan of care and any necessary revisions. 4. The nurse furnishes services requiring specialized nursing skills. 5. The nurse performs appropriate preventive and rehabilitative nursing procedures. 6. The nurse counsels the client and family in meeting nursing and related needs. 7. The RN in concert with the physician and the client prepares the plan of care.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

CONSTRUCTION (X2) MULTIPLE

(X3) DATE SURVEY COMPLETED

HCA-0022

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04/22/2010

NAME OF	PROVIDER OR SUPPLIER	<del> </del>			04/22	2010
IVANIL OF F	NOVIDER OR SUPPLIER			STATE, ZIP CODE		
BERHAN	HOME HEALTH CARE AGENCY	7825 EAST WASHING	TERN AVEI STON, DC	NUE, <b>NW,</b> SUITE L1-16 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLET DATE
H 458	Continued From page 19		H 458			
	changes in the patient's condition to the pa physician for one of one patients. (Patie	atient's ent #1)		3917.2(h) SKILLED NURSING SER (Continued)	RVICES	
	The finding includes:					
	On March 19, 2010, at 10:45 a.m., Pati was observed to have a stage 3 wound to index finger.  On March 19, 2010, at approximate a.m., it was revealed that the wound to finger had been present for approxima weeks. Patient #1 also indicated that the from Berhan Home Health agency had the home four days prior (March 15, perform wound care to another area made aware of the new area to left ind but the skilled nurse did not assess the a On March 19, 2010, at approximately 11: the patient's HHA (employee #1) was intrand revealed that she was aware of the new wound(left index finger) for approximatelys.	his left ely 11:00 left index tely three skill nurse been into 2010) to and was ex finger, rea. 10 a.m., erviewed patient's		8. The RN reviews, signs dates the plan of care. 9. The RN completes the medication profile and updates it at least eve 62 days and ensures the is congruent with the medications on plan of 10. The RN re-assesses the client at least every 60 days and revises the plant care as necessary. 11. The nurse furnishes see in accordance with the agencies policies and procedures and state a federal regulations. 12. The nurse prepares climates.	ry 60- hat it f care. e 0-62 olan of ervices	
	A record review on March 29, 2010, at approximately 11:00 a.m., revealed a doce entitled "Berhan Home Health Care Ager Nursing Clinical Note" dated March 15, 201 document reflected the RN notedd that patient had only one wound on right upper However further of the record revealed "Nursing Clinical Note" dated March 19, 2 nurse documented "Altered skin integrity to bed ulcer on left finger wound".  There was no documented evidence that skilled nurse reported the change in Patient condition to the physician.	ncy 0. The the er hip. another 010, the r related		and progress notes, coordinates services, informs the physician a other personnel of cha in the clients condition, 13. The nurse assists the c in learning appropriate care techniques. 14. The RN instructs and supervises the LPN and aide in the performance their duties.	and nges /need client self-	

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06/03/2010 Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (XZ)MUJTPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A BUILDING B WING 04/22/2010 HCA-0022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE REPHAN HOME HEALTH CARE ACENCY

(X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5)
	OMPLETE DATE
3917.2(h) SKILLED NURSING SERVICES (Continued)	
The Clinical Manager/Director of Nursing will review all documentation on a quarterly basis to determine compliance with this statute. Staff will be notified of the findings and requested to correct/submit the deficient documents.  Staff who fail to correct the deficiency will be suspended until the required documents are submitted.  Berhan Home Health Care Agency recognizes that any identified deficient practice may potentially affect other clients. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.	

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